



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

GAMING CONTROL BOARD
ORIGINAL APPLICATION FOR NO LIMIT TEXAS HOLD 'EM POKER TOURNAMENT

APPLICANT INFORMATION			
Must be completed and signed by the President or Director of the sponsoring organization and another member. (Please type or print all information in black ink.)			
Applicant Name (1):			
Last name, First name, middle initial, suffix			
Date of birth:	Driver license number and issuing state:	Phone numbers Work: Home: Cell:	
Current address:			
City:	State:	ZIP Code:	Email address:
Applicant Name (2):			
Last name, First name, middle initial, suffix			
Date of birth:	Driver license number and issuing state:	Phone numbers Work: Home: Cell:	
Current address:			
City:	State:	ZIP Code:	
ORGANIZATION INFORMATION			
Name:			
Mailing Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Legal status of organization (e.g., corporation, unincorporated association):			Date organization began its existence:
Organization Type:	<input type="checkbox"/> Volunteer Fire Company	<input type="checkbox"/> Veterans' organization	<input type="checkbox"/> Charitable organization
	<input type="checkbox"/> Religious organization	<input type="checkbox"/> Fraternal society	

NOTE

Under Delaware law, the Gaming Control Board can only license volunteer fire companies, fraternal societies, and veterans', charitable or religious organizations. Please provide a copy of a letter of tax exemption from the Internal Revenue Service under Section 170, Section 501(a), or 501 (c)(3). If you are relying on the exemption of a parent organization, you must submit a letter from your parent organization specifically stating that your organization is properly affiliated and permitted to hold this event.

If you do not have a letter from the Internal Revenue Service verifying your status as a tax-exempt organization, you may contact the IRS:

IRS Service Center
11601 Roosevelt Blvd.
Philadelphia, PA 19154-2100
(877) 829-5500

EVENT INFORMATION

Event Location:

** If the sponsoring organization does not own these premises, a letter authorizing your organization to use the facility listed above must accompany this application for Board approval. A lease agreement shall serve the same purpose as such a letter.*

Event Date:	Time:-- From: To: * <i>Not to exceed 6 hours and cannot begin before 1:30 p.m.</i>	
Entry fee: \$	Number of chips for the entry fee:	
Re-buys allowed?:	Re-buy Fee: \$	Number of chips for the re-buy fee:
Maximum number of tickets to be sold:	Initial number of players per table:	Alcoholic beverages available?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum prize (description) and value:		Total aggregate value of all prizes to be awarded:

Date of Organization's last tournament:

Or check here if this is the first tournament ☐

Name of Tournament Director: Last name, First name, middle initial, suffix	Phone numbers Work: Home: Cell:
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State the name of the bank and the name on the bank account in which all proceeds from the tournament will be deposited:

State the **exact and specific** charitable purpose(s) for which the proceeds will be used:

STATE OF DELAWARE }
County of _____ } SS.

Under Title 11 Delaware Code § 1233, “[a] person is guilty of making a false written statement when the person makes a false statement which the person knows to be false or does not believe to be true in a written instrument bearing a notice, authorized by law, to the effect that false statements therein are punishable. . . . Making a false written statement is a class A misdemeanor.”

The signatories agree
SWORN to and subscribed before me this
_____ Day of _____ A.D. 20_____

(sign)_____

(print)_____

(sign)_____

(SEAL OF NOTARY)